

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

7005 DEC 30 A 11:32

1. (a) Name of Candidate (in full) <b>L. TAMMY DUCKWORTH</b>		2. Identification Number <b>N/A</b>
(b) Address (number and street) <b>1800 BOLLEANA CT</b>		
(c) City, State, and ZIP Code <b>HOFFMAN ESTATES, IL 60195</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation <b>DEMOCRAT</b>	5. Office Sought <b>HOUSE OF REPRESENTATIVES</b>	6. State & District of Candidate <b>IL-06</b>

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2006** election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <b>FRIENDS OF TAMMY DUCKWORTH</b>
(b) Address (number and street) <b>416 W. 22nd ST.</b>
(c) City, State, and ZIP Code <b>LOMBARD, IL 60148</b>

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

**DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)**

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A	<b>0.00</b>	for the primary election, and
9B	<b>0.00</b>	for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate <b>L. Tammy Duckworth</b>	Date <b>12/28/2005</b>
---	---------------------------

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--	--

25038941031

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>12/29/05</i>
	Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>[Signature]</i> PREPARER	<i>12/30/05</i> DATE PREPARED